

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185307		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2012	
NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET OWINGSVILLE, KY 40360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 281	<p>An Abbreviated Survey to investigate #KY00019519 was initiated on 12/18/12 and concluded on 12/20/12. The allegation was unsubstantiated; however, an unrelated deficiency was identified and cited.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure the services provided by the facility met professional standards of quality for one (1) of three (3) sampled residents (Resident #3). The facility failed to ensure Physician's orders were followed for Resident #3 as there was no documented evidence daily weights were obtained as ordered by the Physician.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Physician Orders", undated, revealed all medications and treatments must be ordered by a Physician. However, the policy did not specify a procedure for following all orders.</p> <p>Review of the clinical record revealed the facility admitted Resident #3 on 10/18/12 with diagnoses which included Congestive Heart Failure,</p>			F 281			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>Hypertension and Chronic Kidney Disease.</p> <p>Review of the Physician's Order, dated 10/30/12 revealed Resident #3 was to be weighed daily.</p> <p>Review of the Treatment Administration Record (TAR) and the Weight Flow Sheet for November 2012 revealed Resident #3 was weighed on 11/02/12, 11/03/12 and 11/04/12. There was no documented evidence the resident was weighed on 11/01/12 or 11/05/12.</p> <p>Further review of the clinical record revealed Resident #3 was admitted to the hospital on 11/06/12, and returned to the facility on 11/12/12. Review of the Physician's Order dated 11/13/12 revealed the resident was to be weighed daily for ten (10) days.</p> <p>Continued review of the TAR for November 2012 revealed no documented evidence the daily weights were initiated until 11/16/12, three (3) days after the order was received. In addition, there was no documented weight for 11/22/12.</p> <p>Interview with the Director of Nursing (DON), on 12/20/12 at 1:50 PM, revealed there was not documented evidence the daily weights for Resident #3 were obtained as ordered. She stated she did not perform specific audits for daily weights, but did look at the TARs for completeness. She further stated she had not noticed the missing weights during November 2012. Continued interview revealed the Restorative Aides (RAs) were responsible for obtaining the weights.</p> <p>Interview with Restorative Aide (RA) #1, on</p>			F 281			

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F 281	<p>Continued From page 2</p> <p>12/20/12 at 3:00 PM, revealed her responsibilities included obtaining resident weights. She stated she recalled Resident #3 had required daily weights for some time in November 2012. She further stated she, or one of the other RAs, obtained the weights and reported to the nurse, who was responsible for documenting them.</p> <p>Subsequent interview with the DON, on 12/20/12 at 3:05 PM, revealed the RAs were very diligent about performing their duties. She stated she believed the weights had been obtained as ordered, and reported to the nurse. She further stated she felt the nurse failed to document the weights.</p>	F 281			